



Minutes of Meeting of the Community Planning Board held remotely on Friday 8 April 2022 at 9.00 am.

Present:

The Highland Council:

Councillor Alasdair Christie, Depute Leader
Donna Manson, Chief Executive

Highlands and Islands Enterprise:

Eann Sinclair, Area Manager – Caithness and Sutherland (also representing Caithness Community Partnership)

NHS Highland:

Ann Clark, Vice Chair, NHS Highland Board
Pamela Dudek, Chief Executive
Tim Allison, Director of Public Health

Police Scotland:

Chief Superintendent Conrad Trickett, Divisional Commander, Highland and Islands

Scottish Fire and Rescue Service:

Derek Wilson, Local Senior Officer

The Scottish Government:

Donna MacKinnon, Scottish Government Location Director

Community Partnership representative:

Eann Sinclair, Area Manager – Caithness and Sutherland (also representing HIE)

High Life Highland:

John West, Director of Culture and Learning (substitute)

Skills Development Scotland:

Roddy Bailey, Area Manager (substitute)

University of the Highlands and Islands:

Chris O'Neil, Principal and Chief Executive, Inverness College UHI

In attendance:

Ian Kyle, Co-Chair, Community Learning, Development and Engagement Delivery Group
John West, Co-Chair, Community Learning, Development and Engagement Delivery Group
Lindsay Tulloch, Chair, Community Safety and Resilience Delivery Group
Cathy Steer, Chair, Mental Health and Wellbeing Delivery Group
Alison Clark, Chair, Poverty Reduction Delivery Group
Debbie Stewart, Coordinator, Highland Alcohol and Drugs Partnership (HADP)

Melanie Murray, Committee Administrator, The Highland Council

Also in attendance:

David Goldie, Head of Housing and Building Maintenance, The Highland Council
Hazel Chisholm, Resettlement Officer, The Highland Council

Mr A Christie in the Chair

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Councillor Margaret Davidson, Steve Walsh, Cath Wright, Mhairi Wylie, Graham Neville and Stephen Sheridan.

2. Minutes of Meetings

The Board:

- i. **APPROVED** the Minutes of the Community Planning Board - 20 December 2021;
- ii. **NOTED** the Minutes of the Community Justice Partnership - 8 December 2021; and
- iii. **NOTED** the Minutes of the Highland Alcohol and Drugs Partnership Strategy Group – 23 November 2021.

3. Action Tracker

The Board was asked to review progress of its agreed actions as set out in the Action Tracker which had been circulated.

In relation to the governance arrangements in respect of the HADP's investment plans, it was explained that financial management sat with NHS Highland. However, there was no firm arrangement for sign-off of investment plans beyond the HADP itself and it was suggested it would be for the Board to give a steer in that regard. Discussion ensued, during which it was suggested that CPP Senior Officers Group meet with the Chair of the HADP to consider the arrangements and make a recommendation to the next meeting of the Board. It was added that the arrangements need not be complicated and that to ensure alignment with CPP outcomes and maximise impact it was important for the Board to know where investment was going in all parts of the system.

In relation to the Volunteering Campaign, it was suggested that an update be sought from the Chief Officer, HTSI, and circulated to the Board by email.

The Board:

- i. **NOTED** the action tracker;
- ii. **AGREED** that the CPP Senior Officers Group and the Chair of the Highland Alcohol and Drugs Partnership (HADP) consider the governance arrangements in respect of approval of the HADP's investment plans and make a recommendation in that regard to the next meeting of the Board; and
- iii. **AGREED** that an update on the volunteering campaign be sought and circulated to the Board.

4. Annual Report of the Director of Public Health

There had been circulated a link to the [2021 Annual Report of the Director of Public Health](#), the focus of which was Suicide and Mental Health.

The Director of Public Health, NHS Highland, gave a presentation in amplification of the Annual Report during which information was provided on the background to the report and a number of statistics were presented on suicide and self-harm. Information was also provided on inequalities and the impact of Covid-19 on mental health; current activity; national strategies and frameworks; prevention and early intervention initiatives; universal initiatives; suicide bereavement support in NHS Highland; and the recommendations highlighted in the Annual Report for actions to improve mental health and the rate of suicide.

During discussion, the following comments were made:

- thanks were expressed to the Director of Public Health for selecting the timely topic of suicide and mental health;
- the report would be a valuable resource in terms of the datasets within it, and support was expressed for taking forward the recommendations;
- the ramifications of suicide were life-long and life-changing for those left behind;
- it was questioned whether the Board could be assured that the evidence was being applied and that the activity and initiatives taking place were being monitored and evaluated to ensure they were delivering the desired outcomes. In response, the Director of Public Health commented that it was important to have a systematic approach to looking at the evidence, implementing what was most efficient and effective and, if unsure, carrying out evaluation to measure effectiveness. He had a reasonable degree of confidence in the effectiveness of the initiatives taking place, and evaluation measures were in place in many cases;
- suicide must not be labelled as a mental health condition – it was much more complex, and a societal response was needed;
- the proposed hub model that was the subject of item 8 on the agenda presented an opportunity for a multi-agency intervention and prevention strategy;
- the need to work together to provide a support mechanism for frontline staff and volunteers who were supporting families affected by suicide and mental health issues was emphasised;
- it was highlighted that the Mental Health and Wellbeing Delivery Group would be updating its delivery plan to ensure it took account of the data and recommendations in the Director of Public Health's Annual Report and this would come back to a future meeting of the Board;
- in relation to the trend data in the report, it was queried whether any analysis has been carried out as to how the swings linked to national events, economic situations etc. In response, the Director of Public Health explained that further work was being carried out looking at the causes of suicide in individual areas. In terms of events, it was necessary to be conscious of the economic downturn, the effects of Covid and the trauma experienced by refugees coming to Highland. It was also necessary to be conscious of the high level of suicide in Highland compared to the rest of Scotland, the possible reasons for which were complex and wide-ranging;
- in relation to Table 2.2 - Estimated prevalence and number of adults with specific mental health conditions in NHS Highland, it was queried whether activity was being targeted towards the groups identified and, if so, where was it being done well. It was added that historic data might be useful in terms of lessons learned; and
- further to the earlier comments regarding monitoring and evaluation, it was suggested that a review be carried out as to how the various Delivery Groups and Partnerships

that reported to the Board monitored and evaluated the work they undertook/funded, and that consideration be given to whether any support could be provided in that regard.

The Board:

- i. **NOTED** the findings of the report and the Director of Public Health's presentation;
- ii. **NOTED** that the Mental Health and Wellbeing Delivery Group would be updating its delivery plan to ensure it took account of the data and recommendations in the Director of Public Health's Annual Report, and that this would come back to a future meeting of the Board;
- iii. **AGREED** that a review be carried out as to how the various Delivery Groups and Partnerships that reported to the Community Planning Board monitored and evaluated the work they undertook/funded, that consideration be given to whether any support could be provided in that regard, and that the findings be reported to the next meeting of the Board.

5. Homes for Ukrainians

There had been circulated Report No CPB/1/22 by the Head of Housing and Building Maintenance, The Highland Council.

During discussion, the following comments were made:

- whilst the positive response to the Homes for Ukraine scheme was to be welcomed, there were a lot of associated risks, complexities and unknowns. Particular reference was made to the anticipated need for mental health and trauma services as well as the impact on already fragile primary care services, and the importance of having a health assessment process in place, as there had been with previous refugee schemes, was emphasised;
- it was suggested that a risk relating to Homes for Ukrainians be added to the Strategic Risk Register, which was on the agenda at item 11;
- it was highlighted that, in terms of Inverness College and UHI more widely, Ukrainian refugees would be eligible for courses at every level and would be treated as Scottish domestics so there would be no immediate costs and they would have access to internal mental health, learning and language support;
- there had been substantial human trafficking associated with the number of displaced people from Ukraine and this was an issue that needed to be picked up locally when families started to arrive;
- as more information became available on the refugees coming to Highland, it would be helpful to capture particular issues such as gender-based violence, language support, the impact on commissioned interpretation services etc;
- the Board needed to evaluate the overarching needs and work collectively to address them, and if there was an appropriate relationship between partners some support could be moved into language training.

The Board:

- i. **NOTED** the update on the proposed arrangements for supporting Ukrainian refugees in Highland and that further updates would be provided as work progressed;
- ii. **NOTED** the work of the Partnership Resettlement Strategic and Delivery Groups in overseeing and implementing support for refugees in Highland;
- iii. **AGREED** to support the work of these groups going forward and in the planning and implementation of support for Ukrainian refugees in Highland; and

- iv. **AGREED** that a risk relating to Homes for Ukrainians be added to the Strategic Risk Register (item 11).

6. Community Planning Development Update

There had been circulated Report No CPB/2/22 by the CPP Senior Officers Group.

The Area Manager - Caithness and Sutherland, HIE, provided a verbal update in respect of the Partnership Officer posts, explaining that finance had been put in place to enable the Aspiring Communities teams in Caithness and Sutherland to continue their work and the suggestion was that they would form the Caithness and Sutherland element of the central team. This would provide continuity, and the Aspiring Communities work had been evaluated in both Caithness and Sutherland so there was confidence that it was delivering the right outcomes.

In relation to a possible secondment from HIE, an internal workforce development exercise was currently underway, the outcome of which would be available in the next week or so.

During discussion, the following comments were made:

- information was sought on the timeframe and criteria for bidding for the funding referred to at paragraph 4.2 of the report;
- the need for all partners to commit to community planning and embed it throughout their organisations was emphasised and the Chief Executive, NHS Highland, outlined the steps being taken within NHS Highland in that regard;
- in relation to community empowerment, what people thought might be of benefit to their community did not necessarily align with what the evidence showed, and there was a balance to be achieved between not over-governing and ensuring that investment was being targeted in the right places;
- in relation to recommendation v. information was required on the impact of the Caithness and Sutherland pathfinders before a decision could be made on rolling the model out further. The Chair suggested that the proposal be developed further and brought back to the next meeting of the Board for consideration;
- the Chief Executive, NHS Highland, referred to discussions with Scottish Government representatives and the Chair of the national Community Planning Improvement Board at which there had been an offer to support the CPP, and it was suggested that the Board consider what it needed, such as support with monitoring and evaluation, and take up the offer;
- it was important not to lose sight of the need for a Partnership Data Officer;
- a communication plan was needed to ensure that staff, third sector organisations and communities were aware of the developments taking place. In addition, it was important that there was appropriate communication with funding sources in terms of how funding was being utilised;
- the Chief Executive, The Highland Council, highlighted that she had been in communication with the Scottish Government regarding funding for the Caithness/Sutherland Cares approach and it had been agreed it could be carried forward for another year. She undertook to email Board Members in that regard; and
- given that the Board was being asked to consider the potential alignment between place planning and community planning, it was queried how linked up the Scottish Government's Place Action Team and Demonstrator Programme was with the national Community Planning Improvement Board. Discussion ensued in that regard, during which it was commented that there was a disconnect and it was necessary to try to influence matters by making connections through the various avenues open to Board Members and officers. The Scottish Government Location Director offered to facilitate

links with Scottish Government representatives and commented that some of the disjoin should be addressed by a directorate re-structure.

The Board:

- i. **NOTED** the update on resourcing Community Planning in Highland and the intention to move to recruitment in the coming weeks;
- ii. **AGREED** the proposal for the central team to be hosted by The Highland Council;
- iii. **NOTED** the remaining areas for development to support Community Planning in Highland;
- iv. **NOTED** the update on place planning and the potential alignment with community partnership planning going forward; and
- v. **AGREED** that the proposal to build on the learning from the Caithness and Sutherland pathfinders and extend this to supporting mental health and wellbeing outcomes for children, young people and families across the remaining partnership areas be developed further and brought back to the next meeting of the Board for consideration.

At this stage, the Chair suggested that items 7 and 9 be taken together as they were closely aligned.

7. Economic Recovery Partnership Update

9. Brexit Update

The Area Manager - Caithness and Sutherland, HIE, provided a verbal update on the Highland Economic Recovery Partnership which, it was explained, was chaired alternately by HIE and the private sector in the form of the Chambers of Commerce. The most recent meeting two weeks ago had been dominated by a combination of Brexit and Ukraine related issues. The evidence that HIE received through its quarterly Business Panel Surveys, the most recent of which had been carried out in December 2021, was that there had been significant cost increases for businesses and wider communities, worsening labour market issues and problems with transport and supply chain logistics, the latter of which had been exacerbated by the Russia/Ukraine situation as well as the P&O Ferries situation which had resulted in Channel port delays.

The Partnership had also looked at the work of destination management organisations in relation to the coming visitor season. In terms of visitor demand the picture was relatively positive. However, there were issues in terms of the labour market, and the impact of rising fuel costs on people's propensity to travel was yet unknown. Finally, the Partnership had touched on the fact that regional economic partnerships had been formed across Scotland and there was now a Highlands and Islands Economic Partnership. It was necessary to consider what effect that had on the Economic Recovery Partnership as well as how the Community Planning Partnership fit in. The landscape was changing, and it was important to ensure there was no duplication and to add value.

The Board **NOTED** the position.

8. Harm Reduction Partnerships

There had been circulated Report No CPB/03/22 by Superintendent Lindsay Tulloch, Police Scotland.

During discussion, the following comments were made:

- support was expressed for the proposals which addressed an issue that was being felt across Highland, and the need to move at pace was emphasised;
- frontline staff and volunteers were feeling overwhelmed, and it was queried how the proposals would be communicated to them to give them a sense that something was being done to help. In that regard, it was explained that it was intended to establish a multi-agency Project Board to provide governance and communicate the plan for the project down through services so frontline staff understood that partners were fully behind it;
- complex and volatile situations were currently being dealt with by a number of different services and the proposals were about services working together and having better surveillance of what was happening in communities so as to provide early intervention;
- the proposed concept was not new, and reference was made to Community Safety Hubs which had proved successful in the past. It was a matter of bringing back some of what was already known to work and driving and monitoring it to ensure it was having the necessary impact;
- there was a risk in that services, including third sector provision, were already stretched and, if the proposed Partnerships were successful in terms of improving coordination and identifying priority individuals who needed services, demand would increase;
- it was requested that there be full discussions with the HADP which was keen to align what it was doing with the proposals and was in the process of establishing an integrated team, details of which were provided, that would work with partner agencies on a daily basis to identify people who were at high risk of drug-related death and provide evidence-based interventions; and
- “harm reduction” was a term that was associated with drug use and it was suggested that consideration be given to a more positive name such as Community Safety Partnerships.

The Board:

- AGREED** the proposed concept and approach to Harm Reduction Partnerships;
- AGREED** that Harm Reduction Partnerships would be located in Caithness and Inverness for the period of a pilot with the intention of developing a third partnership in Lochaber;
- AGREED** to support the formation and identification of a multi-agency Project Board; and
- NOTED** that progress on the Harm Reduction Partnerships would be reported to the Community Planning Board.

10. Community Planning Partnership Board Chair

The Area Manager – Caithness and Sutherland, HIE, explained that, in accordance with the agreed schedule, HIE would assume lead agency responsibility for the Community Planning Board from the next meeting, and that the Chair would be either the Chief Executive or Depute Chief Executive of HIE.

The Board **NOTED** the position.

11. Review of Strategic Risk Register

The Strategic Risk Register had been circulated for consideration and review.

As per the discussions under item 5, the Board **AGREED** that a risk relating to Homes for Ukrainians be added to the Strategic Risk Register.

At the conclusion of formal business, the Chair thanked his fellow Board Members and officers for their input during his tenure and wished his successor well. Board Members reciprocated, thanking the Chair for his leadership through what had often been difficult agendas and papers.

In relation to the date of the next meeting, it was explained that the Board Administrator would liaise with HIE and confirm the position in due course. The Chair suggested that HIE consider the possibility of returning to face-to-face meetings. However, his view was that there should be a blended approach to save travel time etc.

The meeting ended at 10.30 am.